

**FREDERICK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
350 Montevue Lane, Frederick, MD 21702-8245
301-600-1715 (Information)/301-600-3180 (Fax Machine)**

INFORMATION RESEARCH REQUEST FORM

Date _____

This letter serves as a formal request for information on the property located at

Street Address _____

Subdivision Name _____

Lot # _____

Section _____

Block _____

Tax Map _____

Parcel _____

Well Identification Tag Number _____

(tag should be attached to well casing)

Name of property owner at the time of well and/or septic installation, or at the time of repair or replacement

******* (this information must be provided or the request will not be processed) *******

Current Owner's Name _____

AND

Previous Owners Names _____

Back to 1950 _____

Provide me with the following information

_____ well completion report _____ existing septic location (property with dwelling)

_____ proposed septic location (new lots)

_____ other (be specific) _____

Requested by

Name _____

Address _____

Phone (home) _____

(work) _____

(fax) _____

Information to be

_____ picked up

_____ faxed

_____ mailed

_____ emailed to

NOTE: Requested information will be returned to you within a minimum of ten (10) working days of receipt. A minimum of up to 15 working days must be allowed for percolation verification and other technical questions.

Rev. 3/2012